

---

# State Board of Dental Examiners

---

## Agency at a Glance

---

To ensure the dental health of Texans, the State Board of Dental Examiners (the Board) regulates the state's dental industry. To meet its mission, the Board:

- licenses dentists and dental hygienists and registers qualified dental laboratories in Texas;
- investigates and resolves complaints received about dental practitioners;
- enforces the Dental Practice Act and takes disciplinary action when necessary;
- monitors ongoing compliance of disciplined licensees and registrants; and
- provides peer assistance for impaired licensees.

## Key Facts

- **Funding.** The Board operated on a \$1.87 million budget and collected about \$2.2 million in revenue in fiscal year 2002. All costs are recovered by collecting fees from the industry.
- **Staffing.** The Board had a staff of 29 in fiscal year 2002. Employees work in the agency's Austin headquarters, with the exception of one field investigator each in Dallas, Houston, and San Antonio.
- **Licensing and Registration.** In fiscal year 2002, the Board had 11,479 active dental licenses and 8,334 active hygienist licenses, and 977 registered dental laboratories. The Board also processed 1,311 nitrous oxide monitoring exams, 978 jurisprudence exams, and 2,743 radiology exams.
- **Enforcement.** The Board received 881 complaints in fiscal year 2002, 793 of which were jurisdictional. The Board completed 735 investigations, closed 750 cases, sent 227 cases to settlement conference, referred 32 cases to the State Office of Administrative Hearings, and issued 98 Board orders.
- **Peer Assistance Program.** The Board contracts with a nonprofit corporation to provide assistance for chemically dependent and mentally impaired licensees. Sixty-four people participated in the program in fiscal year 2002.

**Board Members (18)**

Michael D. Plunk, D.D.S., M.S.D.

President (Dallas)

Nathaniel Tippit, D.D.S., Secretary (Houston)

Tammy L. Allen, R.D.H. (Fort Worth)

Oscar X. Garcia (Brownsville)

Cornelius O. Henry, Jr., D.D.S. (Tyler)

J. Kevin Irons, D.M.D. (Austin)

Amy Landess Juba (Amarillo)

James Kennedy, D.D.S. (Sugarland)

H. Grant Lappin (Houston)

Martha Manley Malik, D.D.S. (Victoria)

Gary W. McDonald, D.D.S. (Kingwood)

Marti Morgan (Fort Worth)

Kent T. Starr, D.D.S. (Waco)

Phyllis Stine (Midland)

Paul E. Stubbs, D.D.S. (Georgetown)

Juan D. Villarreal, D.D.S (Harlingen)

Marcia G. Waugh (El Paso)

Gail Wilks, R.D.H. (Longview)

**Agency Head**

Bobby D. Schmidt, Executive Director

(512) 463-6400

**Recommendations**

1. Continue the Board for 12 Years, and Eliminate the Separate Sunset Date for the Dental Hygiene Advisory Committee.
2. Reduce the Size of the Board From 18 to 15 Members, Consisting of Eight Dentists, Two Dental Hygienists, and Five Public Members.
3. Revamp the Board's Enforcement Process to Enable It to Take Faster, More Forceful Disciplinary Action.
4. Improve Coordination Between the Board and the Health and Human Services Commission on Medicaid-Related Issues.
5. Expand the Board's Existing Regulation of Dental Assistants to Require Greater Competence by Those Who Take X-Rays.
6. Provide for Licensing Dental Educators Who Provide Dental Services at Accredited Dental or Dental Hygiene Schools in Texas.
7. Relax the Experience Requirement for Dental Licensure by Credentials.
8. Require the Board to Establish a System for Expunging Groundless, Dismissed Complaints From Its Records.
9. Require the Board to Act on Recommendations Proposed by the Dental Hygiene Advisory Committee Within a Specified Time.
10. Establish a Process for Debt Forgiveness for Services by Dental Professionals in Rural or Underserved Areas.

---

<b>Issue 1</b>	<b>Texas Has a Continuing Need for the State Board of Dental Examiners.</b>
----------------	---

---

### Key Findings

- The State Board of Dental Examiners' mission is to safeguard the dental health of Texans.
- Texas has a continuing interest in regulating the dental profession to safeguard the dental health of Texans.
- No significant benefits would result from changing the agency structure or having any other federal or state agency perform the Board's functions.
- While organizational structures vary, all 50 states use a state agency to regulate the dental industry.

The State Board of Dental Examiners performs an important mission, to regulate the dental industry and ensure that safe practices exist. Concerns raised in the last legislative session caused the Board to be brought up for Sunset review out of its scheduled order. While changes to the Board could improve the agency's operations, the State has benefitted from its regulatory programs, and no other federal or state agency has the means to provide these functions. Therefore, the Board should be continued as an independent agency for 12 years, and the Dental Hygiene Advisory Committee should also be continued, without a separate Sunset date.

### Recommendations

#### Change in Statute

##### **1.1 Continue the State Board of Dental Examiners for 12 years.**

This recommendation would continue the State Board of Dental Examiners as an independent agency responsible for regulating the dental industry for the standard 12-year period.

##### **1.2 Eliminate the separate Sunset date for the Dental Hygiene Advisory Committee.**

This recommendation would maintain the Dental Hygiene Advisory Committee, but eliminate its Sunset date. It would have no impact on the operation or structure of the Advisory Committee, but would simplify future Sunset reviews by ensuring that the Advisory Committee is reviewed each time the Board of Dental Examiners is reviewed by the Sunset Commission.

#### Management Action

##### **1.3 The Board should provide an action plan for addressing enforcement issues to the Sunset Commission.**

Under this recommendation, the Sunset Commission requested the Board to provide a plan by December 1, 2002, detailing the actions it would take immediately to address concerns raised about

its enforcement program. The Board submitted its plan by the due date and addressed each of the required elements. In addition, the Board would be required to report quarterly to the Sunset Commission on its progress in implementing each of the components of the plan and any new statutory provisions relating to the Board's enforcement program.

The plan and quarterly reports would include information on the following actions.

- Elimination of the backlog of enforcement cases.
- Effective enforcement action against violators of the Dental Practice Act. The Board should demonstrate a greater commitment to taking strong enforcement action according to the following factors:
  - meeting its performance measure for the percentage of complaints resolved resulting in disciplinary action;
  - fully implementing its penalty schedule; and
  - reporting on actions taken against people who practice dentistry without a license.
- Effective implementation of the management recommendations of the Sunset Commission relating to the Board's enforcement program, including the adoption of:
  - a tracking system for complaints and a process for ensuring appropriate documentation on all complaint files (see Issue 3.6); and
  - a formal training program for staff complaint investigators (see Issue 3.7).

The plan and the subsequent quarterly reports would prioritize the tasks, identify "quick fixes," estimate costs, update the status of implementation, and include other matters pertinent to the implementation of these provisions. The quarterly reports would continue for two years until December 2004, and the Sunset Commission would consider these progress reports in its compliance efforts during the next Sunset review cycle.

---

## **Issue 2 | The Board's Size and Involvement in Agency Activities Limit Its Effectiveness.**

---

### **Key Findings**

- The size of the 18-member State Board of Dental Examiners does not comply with the Texas Constitution.
- While the Board's responsibilities have decreased, its size and activities have not.
- The Board is too involved in activities traditionally delegated to staff.
- Other Texas licensing agencies, including health profession agencies, as well as dental boards in other states, operate successfully with smaller boards.

Over the past decade, dental licensing and testing processes have become more streamlined in Texas and across the country. Because of such changes, the Board's workload has decreased, particularly regarding examination of dental and dental hygiene students. As a result, the Board's duties no longer warrant 18 members. The Board's size also has not been updated to reflect the recent Constitutional requirement that agency boards consist of an odd number of members. Finally, in addition to its decreasing duties, the Board has not delegated many day-to-day operational functions to staff.

## **Recommendations**

### **Change in Statute**

**2.1 Reduce the size of the Board from 18 to 15 members, consisting of eight dentists, two dental hygienists, and five public members.**

**2.2 Require that at least one Board member be an oral surgeon.**

This recommendation would bring the State Board of Dental Examiners into compliance with constitutional requirements for odd-numbered boards. Specifically, it would reduce the number of dentists from 10 to eight and the number of public members from six to five, while maintaining the same number of hygienists as under the current Board structure. In addition, at least one of the eight dentist members of the Board must be an oral surgeon.

With eight dentists and two hygienists on the Board, the industry maintains a majority and can provide necessary expertise. A 15-member Board is large enough to provide policy direction and handle the responsibilities required of the Board and would allow Board members to handle its appropriate workload. The reduction in the Board's size would be effective January 1, 2004, and would be accomplished by abolishing existing positions and providing a balanced representation of the remaining members for six-year, staggered terms. The Board would not be swept under this change.

### **Management Action**

**2.3 The Board should clearly define the roles of its members versus agency staff.**

The Board should explicitly outline in rule the purpose and functions of the Board and the authority and responsibilities of the Executive Director and staff. The Board should use the Board of Nurse Examiners' rules as a guide in developing its own rules.

---

<b>Issue 3</b>	<b>The Board's Enforcement Efforts Have Not Met Expectations, and Complaint and Investigation Procedures Have Caused Delays In Case Resolution.</b>
----------------	---

---

**Key Findings**

- The Board takes too long to resolve complaints.
- The Board does not appear to address violations of the Dental Practice Act adequately.
- Some of the Board's enforcement procedures, and available remedies, may affect its ability to resolve complaints.
- Other state agencies use staff or experts to perform enforcement functions, and some have stronger enforcement authority.

In April 2002, the Board had a backlog of 921 open cases, with one case dating back to 1994. This inefficiency and lack of accountability in dealing with complaints when combined with ineffective complaint procedures, may lead to infrequent and weak disciplinary action. The Board has failed to meet its performance targets for bringing enforcement action; it has not actively dealt with persons practicing dentistry without a license; and it has had difficulty developing a system for tracking complaints and ensuring consistency of investigations and disciplinary actions.

**Recommendations****Change in Statute****3.1 Allow staff to dismiss enforcement cases under certain circumstances.**

Under this recommendation, staff would have the ability to dismiss baseless cases, such as those relating to advertising, dental laboratories, unauthorized practice of dentistry, and sanitation. Staff would be required to seek input from dentist Board members in cases of patient morbidity, professional conduct, or quality of care.

When dismissing complaints, staff should ensure that such decisions are made with the appropriate level of review and necessary expertise and experience. Staff dismissals would also be reported to the Board at each of its public meetings.

**3.2 Allow staff to conduct settlement conferences under conditions specified by Board rule.**

Authorizing staff to conduct informal settlement conferences would enable more conferences to be held, and would expedite cases through the system. Staff would have authority to conduct informal settlement conferences under conditions specified by Board rule, while maintaining a process for Board member involvement, which would also be specified in rule. Staff conducting settlement conferences would need to have the necessary expertise and experience, and would use the Board's penalty schedule to determine the appropriate disciplinary action to recommend to the full Board. If

the licensee agrees with a recommendation resulting from an informal conference conducted by staff, the Board would vote to ratify, modify, or reject the recommendation. Staff would also have the authority to refer cases for formal hearing before the State Office of Administrative Hearings, and would report this information to the Board. Greater staff involvement, where appropriate, in enforcement cases would remove Board members from day-to-day responsibilities, and facilitate faster action without a loss of accountability by the Board.

### **3.3 Authorize the Board to use cease-and-desist orders with regard to practicing dentistry without a license.**

The Board could issue cease-and-desist letters when it receives a complaint or otherwise hears of an individual or entity practicing dentistry without a license. This would apply to unregistered dental labs as well. The Board would still be authorized to refer these cases to local law enforcement agencies for prosecution. However, the Board should count unauthorized practice cases as jurisdictional, and direct investigators to pursue and follow up with the unlicensed individual to ensure compliance.

### **3.4 Give the Board authority to provide for restitution as a part of the settlement conference process.**

This recommendation would allow the Board to include restitution as part of an informal settlement conference. Authority should be limited to ordering a refund not to exceed the amount the patient paid to the dentist. Any restitution ordered would not require payment of other damages or estimate harm. This restitution may be in lieu of or in addition to a separate Board order for administrative penalties.

## **Management Action**

### **3.5 The Board should obtain dental expertise to review standard-of-care complaints and to dispose of old complaints.**

The Board should have a dentist on staff to review complaints. It could also consult with dentists in specialty areas as needed, and attempt to hire other dental professionals for added expertise. This recommendation would allow for the removal of Board members from the process of reviewing complaints and making determinations that may bias them when voting on the case at a subsequent Board meeting.

Also, to address the Board's backlog of complaint cases, the Board should set up a voluntary, two-year task force of dentists to review and dispose of old complaints. Participation on the task force should be a request by the dentist, subject to the Board's assessment of the dentist's suitability to serve on the task force, including the dentist's experience and compliance history and other factors the Board determines appropriate.

### **3.6 The Board should develop a tracking system, including proper documentation, for complaints.**

The agency's Internal Auditor should work with Board staff on developing a system that allows accurate tracking of all complaints' status. Staff should also ensure appropriate documentation on



all complaint files, from the investigative process to the Board order. All allegations should be accounted for in an investigation, so the Board has a record of information from which to base decisions. Proper documentation would provide a permanent record and compliance history that would be helpful if future complaints arise.

### **3.7 Staff investigators should have formal training.**

Investigators should be initially trained to better understand investigative techniques, the Dental Practice Act, and other dental issues, such as standard of care. While investigators should not be expected to have the knowledge of a dentist, they should know more about dentistry issues to help in investigations before a dentist is able to review the file. Formal training should lead to higher quality investigations, and may reduce the turnover rate in this area.

### **3.8 The Board should adopt rules that allow for the acceptance of anonymous complaints, and it should communicate this policy to the affected public.**

This would ensure clarity on the Board's current practice of allowing anonymous complaints. Board staff should accept and investigate anonymous complaints when it feels it has ample information to process the complaint. The Board should notify licensees and the affected public regarding anonymous complaints through telephone inquiries and through the Board's newsletter.

### **3.9 The Professional Evaluation Committee should review only dismissed complaints on the request of the complainant.**

This recommendation would eliminate the Committee's review of cases with an unclear disposition, which is the majority of those pending before the Committee. Eliminating the Committee's review of pending enforcement matters would result under Recommendations 3.1 and 3.2 that seek to minimize Board member involvement in complaint investigation to preserve their role as judge in these matters. The Board would also receive needed dental expertise to help with special cases from the dental task force covered in Recommendation 3.5. The Committee would, however, continue to review dismissed complaints on the request of the complainant.

Under current Board rules, if a complainant objects to dismissal and provides new information to support the allegations, or shows that reasons given for the dismissal do not adequately address the allegations, the Committee reviews the case. The Board should develop additional rules that specify a reasonable time frame for the Committee to review these complaints, and should direct Committee members to recuse themselves from a full Board vote should it occur on a complaint that they reviewed.



---

<b>Issue 4</b>	<b>The Board Does Not Coordinate Effectively With the Health and Human Services Commission to Address Medicaid-Related Issues.</b>
----------------	--

---

**Key Findings**

- The Board and HHSC have concurrent jurisdiction in cases of Medicaid fraud by dentists.
- Some fraud cases are not adequately enforced because of the lack of coordination between the two agencies.
- Poor communication on policy and complaints may result in a lower level of public protection.

Medicaid fraud has become the subject of increasing scrutiny by the Legislature. Despite this interest, the Dental Board and the Health and Human Services Commission have not been able to work and act together when concerns about Medicaid fraud relate to the Board's enforcement and, conversely, when a Board enforcement matter points to possible Medicaid fraud. The two agencies do not have a clear process for referring cases between each other, threatening the completeness and consistency of disciplinary actions.

**Recommendation****Change in Statute****4.1 Create an interagency agreement between the Board and HHSC to improve coordination on Medicaid-related issues.**

This recommendation would require the two agencies to enter into the agreement by January 1, 2004. The agreement should require the Board and HHSC to refer cases to each other involving Medicaid fraud and standard-of-care issues involving Medicaid, when appropriate. The agreement also should require each agency to keep a log of referrals. The Board and HHSC should share information, but maintain confidentiality, on items such as investigative reports on common cases, and investigate cases together and collaborate on appropriate disciplinary action whenever possible. The Board should also include information on its Medicaid-related cases, such as the number received and disposition of cases, in its annual report. While the two agencies do not always need to investigate cases together, both agencies should share information that would ultimately lead to more complete findings, appropriate sanctions, and better public protection.

---

## **Issue 5 | Regulatory Controls Over Dental Assistants Are Not Adequate Given Their Patient Care Responsibilities.**

---

### **Key Findings**

- Dental assistants play a significant role in providing dental healthcare to Texans.
- The State has recognized the need to regulate certain activities of dental assistants.
- Dental assistants may perform procedures that put patients at risk.
- Some dentists and dental assistants are unclear on what duties an assistant is allowed to perform.
- Leaving responsibility for the knowledge, training, and actions of dental assistants to dentists is not adequate.

Dental assistants work in dental offices in a variety of capacities, from serving as business manager to working chairside with a dentist. Assistants' education and training varies, too, from those who have graduated from a dental assisting school to those who have never worked in the dental profession. Dentists hire, train, and supervise assistants on the job, and under Board policies, the dentist is responsible for assistants' actions. Because the Board has no enforcement authority over assistants, sanctions can only apply to the dentist for improper delegation.

Currently, the Board requires assistants to pass an X-ray exam and register one time before receiving a permit to take X-rays. Because of the potential harm that can result from their direct contact with patients, the State should ensure that these dental assistants are fully aware of and qualified for their responsibilities.

### **Recommendations**

#### **Change in Statute**

##### **5.1 Expand the Board's existing regulation of dental assistants to require dental assistants who take X-rays to also demonstrate knowledge of state dental laws and infection control issues.**

This recommendation builds upon the existing registration requirements for dental assistants who take X-rays by requiring these assistants to pass an exam administered by the Board instead of the employing dentist. In addition to X-ray techniques, which assistants already are tested on, the exam would test assistants' knowledge of the Texas Dental Practice Act and infection control. The component of the exam dealing with state dental laws should be tailored to a dental assistant's responsibilities and role in a dental office. Dental assistants also would be required to renew the registration certificate annually.

The Board should develop the exam and begin registering assistants by September 1, 2004. Dental assistants who hold current certification by the Dental Assistant National Board should register with the Board by supplying proof of certified dental assistant status and passing the component of the dental assistants exam dealing with state dental laws. Dental assistants who received their X-ray

certificate before September 1, 2004, would have two years, until September 1, 2006, to pass the components of the exam covering infection control and state dental laws. These dental assistants would not have to be retested on the X-ray portion of the exam, and would thus pay a lesser fee for certification as determined by the Board.

The Board should seek the assistance of an advisory panel consisting of dental industry professionals and educators when developing the exam, or should explore the possibility of having the exam developed by other organizations with the expertise and resources to do so. The Board should administer the exam or enter into a contract or agreement with a testing service to administer the exam. This recommendation would not affect the certification process for dental assistants to monitor nitrous oxide or to apply pit-and-fissure sealants. Dental assistants would have to separately satisfy the existing education and testing requirements to perform these duties.

## **5.2 Require the Board to establish a mandatory continuing education program for dental assistants.**

Under this recommendation, the Board would establish in rule a continuing education program, not to exceed 12 hours annually, for those dental assistants who hold an X-ray certificate issued by the Board. The curriculum should cover standards of care, procedures for infectious disease control, and the Dental Practice Act.

---

## **Issue 6 | Educators Who Provide Dental Services Are Not Subject to Adequate Board Oversight.**

---

### **Key Findings**

- Dental and dental hygiene educators in Texas may provide dental healthcare in the state.
- Educators are exempt from the Dental Practice Act, including its licensing and enforcement provisions.
- Because the Board has no jurisdiction over dental and dental hygiene educators, it cannot ensure safe practices or discipline an educator if a patient is harmed.
- Other notable healthcare professions, in Texas and other states, require educators to hold a license.

Dental and dental hygiene educators offer valuable services, not only to the students they teach, but also to Texans who visit school-run clinics for their dental healthcare needs. Yet, because the Dental Practice Act exempts educators from state licensing requirements and enforcement provisions, the Board has no authority over these dental professionals, and patients cannot file a complaint with the Board regarding the care they received.

## Recommendation

### Change in Statute

#### **6.1 Provide for licensing dental educators who provide dental services at accredited dental or dental hygiene schools in Texas.**

This recommendation would establish a faculty license for dental and dental hygiene educators who:

- hold a degree from a dental or dental hygiene school;
- hold a full- or part-time salaried faculty position at a Commission on Dental Accreditation-approved dental or dental hygiene school in Texas;
- submit an application for a faculty license to the Board that is endorsed by the dean, department chair, or program director of the employing school; and
- pass the Board's jurisprudence exam.

Only educators who have direct patient contact must hold a faculty license; these license requirements do not apply to educators already licensed as dentists or dental hygienists, or those who solely conduct lectures or research or do not work directly with patients. The Board should begin issuing faculty licenses by March 1, 2004. Educators hired before September 1, 2003, who have direct patient contact should have one year, until September 1, 2004, to pass the jurisprudence exam and receive a faculty license.

A faculty license does not authorize a license holder to enter into private practice. Holding a faculty license does not alter the activities and services educators currently are authorized to perform. The Board would assess a fee to cover the costs of licensing these educators. Dental and dental hygiene educators should be exempt from the State's annual professional fee. Faculty licenses should be renewed annually, and are void if the educator leaves the endorsing school. However, if a faculty member reapplies for a faculty license, either at the same school or a different one, the applicant should not be required to retake the jurisprudence exam.

---

<b>Issue 7</b>	<b>Some of the Board's Licensing Requirements Restrict Dentists From Entering Into Practice in Texas.</b>
----------------	---

---

### Key Findings

- The Board sets policies regarding licensing and credentialing requirements for dental healthcare professionals in Texas.
- Some of the Board's licensing requirements create barriers for dentists wanting to practice in Texas.
- Recent changes in the Dental Practice Act, as well as licensing requirements for other Texas health professions and dentists in other states, point to a less restrictive form of regulation.

During the 77th legislative session in 2001, the Legislature recognized the importance of access to dental healthcare by addressing such issues as expanded roles for dental assistants, alternative training programs for dental hygienists, and relaxed licensing by credentials requirements for dentists working for nonprofit Medicaid providers.

As the agency responsible for licensure of dentists in the state, the Dental Board plays a role in addressing Texans' dental healthcare needs through its licensing and examination policies. Currently, some of the Board's policies may be unnecessarily burdensome on dental professionals and may discourage or even prevent dentists from moving to Texas to practice. By removing some of the barriers to licensure in the state, the Board can be more active in dealing with a shortage of dental professionals in Texas, which should help ensure that Texans have better access to dental healthcare.

## **Recommendations**

### **Change in Statute**

#### **7.1 Reduce the years of practice required for dental licensure by credentials from five to three years.**

This recommendation relaxes the licensure by credentials requirements for dentists wanting to practice in Texas, yet maintains standards stringent enough to ensure that only qualified dentists receive a Texas license. The recommendation is intended to mirror recent actions by the Legislature to ease licensure requirements to increase Texans' access to dental healthcare, and is consistent with other health professions.

#### **7.2 Authorize the Board to grant waivers, for certain circumstances, to the continuous practice requirements for licensure by credentials.**

The Board should develop rules that outline circumstances in which an applicant for dental or dental hygiene licensure by credentials could receive a waiver from the continuous practice requirements. For example, such circumstances could include maternity leave or illness. This recommendation provides the Board some flexibility in granting licenses by credentials and changes current practice that may unfairly restrict applicants.

### **Management Action**

#### **7.3 The Board should consider accepting the results of other regional examining boards, and provide justification for not accepting results from any of the boards.**

The Board should review the Northeast Regional Board of Dental Examiners and the Southern Regional Testing Agency, the two examining agencies whose results the Board does not accept. If the Board concludes that either of these examining boards does not have adequate exam criteria and chooses not to accept the exam results, the Board should publicly state the reasons that led to the decisions.

---

**Issue 8 | Maintaining Records of Groundless Complaints Filed With the Board May Harm a Dental Professional.**

---

The Board may receive complaints against a licensed dental professional that are groundless. Although the Board would dismiss such a complaint, records from the complaint case are kept in the licensee's file. Maintaining records of groundless, dismissed complaints could damage a licensee's credibility, should the information be made public. While records of some previously dismissed complaints may prove useful for future investigations, information regarding baseless complaints should not be maintained in the Board's records.

**Recommendation****Change in Statute****8.1 Require the Board to establish a system for expunging groundless, dismissed complaints from its records.**

Under this recommendation, the Board would develop, in rule, procedures for allowing for the expunction of groundless, dismissed complaints from the Board's records. Board rule would specify that staff has authority to expunge records from certain cases, such as those relating to advertising, dental laboratories, unauthorized practice of dentistry, and sanitation. Staff would report each recommended expunction to the full Board in its public hearings. Staff would be required to seek input from dentist Board members in cases of patient morbidity, professional conduct, or quality of care.

---

**Issue 9 | Recommendations of the Dental Hygiene Advisory Committee May Not Receive Full Consideration by the State Board of Dental Examiners.**

---

The Dental Hygiene Advisory Committee provides advice to the Board on dental hygiene regulation. The Board may not adopt a rule relating to the practice of dental hygiene for 30 days after the proposed rule is submitted to the Advisory Committee for its review. In addition, the Advisory Committee may propose new rules and language. However, the Board is not required to respond to or act on the Advisory Committee's proposals. As a result, the Advisory Committee's role in the regulation of dental hygiene issues is limited.

## Recommendation

### Change in Statute

#### **9.1 Require the Board to act on recommendations proposed by the Dental Hygiene Advisory Committee within a specified time.**

The Dental Hygiene Advisory Committee would have the authority to make recommendations regarding the regulation of dental hygienists and dental hygiene issues to the Board. The Board would be required to either deny or ratify and enforce the Advisory Committee's recommendations within 90 days. Should the Dental Board not take action within the specified time, the recommendation would automatically become effective.

---

<b>Issue 10</b>	<b>The State Does Not Adequately Address Concerns About Access to Dental Professionals in Rural and Underserved Areas.</b>
-----------------	--

---

Texas, like most other states, is concerned about access to dental healthcare in rural and underserved areas. In addition, dental industry experts predict a nationwide shortage of dentists in the future. Offering incentives to dental professionals who commit to work in rural and underserved areas could help attract dentists and dental hygienists to parts of the state most in need of increased access to dental healthcare.

## Recommendation

### Change in Statute

#### **10.1 Provide a process for the State to provide debt forgiveness for service by dental professionals in rural or underserved areas.**

This recommendation would require the Board to study the issue of forgiveness of student loans for dental professionals who commit to work in underserved areas of the state. The Board would define rural or underserved as those areas identified by the Texas Department of Health as rural health professional shortage areas and medically underserved areas. The Board would fund the program through its annual licensing fees.



## Fiscal Implication Summary

The recommendations regarding the State Board of Dental Examiners would result in a small net savings to the State. These recommendations are discussed below, followed by a five-year summary chart.

- **Issue 2** – Reducing the number of Board members from 18 to 15 would save about \$6,000 annually, resulting from the smaller travel budget needed to accommodate fewer Board members.
- **Issue 3** – The management action for the Board to hire or contract with a dentist as a consultant would require the Board to request an additional appropriation of \$75,000 to hire a dentist for 20 to 30 hours per week. Such appropriation would be funded by fees paid by dental professionals.
- **Issue 5** – Expanding the Board’s existing regulation of dental assistants would not have a significant fiscal impact because any additional costs would be covered by fees paid by the 15,000 dental assistants expected to be certified by take X-rays. This certification would generate approximately \$275,000 in revenue the first year after it becomes effective in fiscal year 2005 and \$312,500 annually thereafter. This revenue would cover the additional costs of the program, including one additional employee.
- **Issue 6** – Licensing dental and dental hygiene educators would not have a fiscal impact because any additional costs would be covered by licensing fees. Because fewer than 100 dental educators and 50 dental hygiene educators would need to be licensed under this recommendation, the revenue and costs would be minimal.
- **Issue 10** – The loan forgiveness program for dental professionals agreeing to locate in rural or underserved areas would have no cost to the State, but would be funded by fees paid by dentists and dental hygienists.

Fiscal Year	Gains to the General Revenue Fund	Savings to the General Revenue Fund	Cost to the General Revenue Fund	Change in FTEs from 2003
2004	\$0	\$6,000	\$0	0
2005	\$275,000	\$6,000	\$275,000	+1
2006	\$312,500	\$6,000	\$312,500	+1
2007	\$312,500	\$6,000	\$312,500	+1
2008	\$312,500	\$6,000	\$312,500	+1